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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J15735 (0)

1. Corporation Name
CORONEL ENTERPRISES, INC.

Principal Place of Business
9325 W. OKEECHOBEE RD. #5
HIALEAH FL 33016

Mailing Address
9325 W. OKEECHOBEE RD. #5
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2688944 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business [21] — Suite, Apt. #, etc. [22] — City & State [23] — Zip [24] — Country [25]
2a. Mailing Address [26] — Suite, Apt. #, etc. [27] — City & State [28] — Zip [29] — Country [30]

9. Name and Address of Current Registered Agent
CORONEL, OCTAVIO G.
306-01 S.W. 158TH AVE.
HOMESTEAD FL 33033

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORONEL, OCTAVIO C.
STREET ADDRESS	30601 SW 158TH AVENUE
CITY-ST-ZIP	HOMESTEAD FL
TITLE	S
NAME	CORONEL, ANGELA
STREET ADDRESS	30601 SW 158 AVENUE
CITY-ST-ZIP	HOMESTDAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-26-95
Daytime Phone #: 227-2120

0007176 CP